STD. 262 (REV.	9/2007)		ns and *Pri n Reverse S			Page of Pages							
CLAIMANT'S NA	AME		SSN or EMPI	LOYEE NUM	BER*	DEPARTMENT							
POSITION) No.		DIVISION or	BUREAU			INDEX NU			MBER		
RESIDENCE AD	DDRESS *		HEADQUAR	TERS ADDRI	ESS			TELEPHONE NUMBER					
				-									
CITY		CITY				STATE	ZIP C	ZIP CODE					
(1) NORMAL WO	DRK HOURS					(2) PRIVATE V	/EHICLE LICI	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED	
(4) MONTH/YEAR (6) (7) (8) MEALS						(9) (10) TRANSPORT						(11)	(12)
LOCATION WHERE EXPENSES			BREAK-		O.T., L/T N/C, REL	Т,	(A)	(B) (C)		DDIVA	(D)	-	TOTAL
(5) DATE TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNE	TALS	TRANS.	TYPE USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY
(13)	SUBTOTALS												
COLUMN	CODE (ACCTG. USE ONLY	")											
	CLAIM TOTAL												
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC	COUNTING	OFFICE
											E ONLY		
										PAID	BY REVOLVIN	IG FUND CHE	ECK NUMBE
(15) I HERE used, a	BY CERTIFY That the above is a true and if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	statement of th	e travel expe	enses incurred	d by me in the vehicle	accordance wi	th DPA rules or greater than	in the ser	vice of the State	of Califo t I have r	rnia. If a priva	itely owned ver	ehicle was scribed by
SAM Se CLAIMANT'S SI		54 pertaining to	vehicle safety DATE	y and seat be					NG TRAVEL AN			ATE	
>=					×								

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

	enc		Save Data		Data	Cle	ar	Print		Impor	tant Note				
	ELE	EXPEN	DEPARTMENT OF PERSON ISE CLAIM	NNEL ADMINIS	STRATION		structions nent On I					Page	1 of _	1 Pag	es
CLAIMAN							;	SSN or EMPL	OYEE NUMI	BER*			RTMENT		
2000	0.00.00	EHNE	ES .						300000000000000000000000000000000000000			DMF	IC	I	00.7 (0.00).2000
POSITION CB/ID No.								DIVISION or I		FICE		INDEX NUME			
DIRECTOR RESIDENCE ADDRESS *								1. T. (A. L.) 7	OR'S OF			1000			NE NI IMRED
KESIDENCE ADDRESS:									STREET		FF 500		322-2012		
CITY STATE ZIP CODE								CITY	DITUDI	., 001.		STATE ZIP CODE			
				CA			S	SACRAN	MENTO.				CA 95814		
1) NORM	AL WO	RK HOUR:	3				(2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED	
(4) MONTH/YEAR		(6)	(7)	(8)	MEALS		(9)	(10) TRANSPORT			ATION		(11)	(12)	
7-0	9		LOCATION WHERE EXPENSES		BREAK-		O.T., L/T, N/C, RELO	INCIDEN-	(A) COST OF	(B) (C)		DDIV/AT	(D)	BUSINESS	TOTAL EXPENSES
5)	TIME	WERE INCURRED	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	TYPE USED	CARFARE, TOLLS,	PRIVATE CAR USE		EXPENSE	FOR DAY
DATE 17	THAIE	Sacram	ento to Oakland &				DINNER			SC	PARKING 20.00	MILES	0.00		20.00
		Return											0.00		0.00
													0.00		0.00
													0.00		0.00
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13)	,	SUBTO	TALS	0.00	0.00	0.00	0.00	0.00	0.00		20.00	0.00	0.00	0.00	20.00
COL			ACCTG. USE ONLY)												\$20.00
14) PHR			TOTAL EMARKS AND DETAILS (Aft	ach receints/v	uchers when	required)							SENOV A O	SOUNTING.	
sa at communicati		cas mannoration	led the Health Care			SOC A CHARLES DESCRIPTION	cland					AC	SENCY ACC	E ONLY	OFFICE
710-	111		arking ticket for W					was hel	d			PAID B	Y REVOLVIN	G FUND CHE	CK NUMBER
		T.										13,100,0			
t	sed, an	nd if mileag	FY That the above is a true s le rates exceed the minimum 0, 0751, 0752, 0753 and 0754	rate, certify t	hat the cost o	f operating t	he vehicle wa	cordance wit as equal to o	h DPA rules r greater than	in the ser	vice of the State claimed, and that	of Califon	nia. If a priva let the require	tely owned ve ments as pres	ehicle was scribed by
CLAIMAN	T'S SIG	SNATURE			DATE		(16) SIG	GNATURE O	F OFFICER /	APPROVI	NG TRAVEL AND) PAYMEI	NT DA	ATE.	
per second	CIAL EX	(PENSE A	UTHORIZATION - SIGNATUI	RE and TITLE	(See Item 17	on reversel							D/	ATE.	
(II) GI E.	/				, 222, 1011 17									control (PESS)	

	Send			Data	Cle	ar	Print		Impor	tant Note					
TRA		FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM 9/2007)	INEL ADMINI	STRATION			s and *Pri Reverse S				Page	1 of	1 Pag	les	
CLAIMA	NT'S NA	ME					SSN or EMPI	LOYEE NUM	BER*			RTMENT		,	
LUC	INDA	EHNES	2	XXX-XX	K-7393		IC								
POSITION CB/ID No.								BUREAU	DI OD		INDEX NUMBER			MBER	
DIRECTOR RESIDENCE ADDRESS *								OR'S OF					1000	NE NI IMPED	
RESIDE	NCE AD	DRESS *					HEADQUAR	TERS ADDRI	-88				TELEPHO	NE NUMBER	
CITY			STAT	E ZIP CO	DDE		CITY					STATE	ZIP C	ODE	
			5	SACRAN	MENTO			CA	CA 95814						
(1) NOR	MAL WO	RK HOURS				(2	2) PRIVATE V	/EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED		
(4) MON	ΓΗ/YEAR	(6)	(7)	(8)	MEALS			(10)		TRANSPORTA	TION		(11)	(12)	
7&	8/09	LOCATION WHERE EXPENSES	78. 27	10.20	O.T., L/			(A)	(B)	(C)	22,000,022.3	(D)	-	TOTAL	
(5) DATE	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELC OR DINNER	INCIDEN- TALS		TYPE USED	CARFARE, TOLLS, PARKING	PRIVAT MILES	TE CAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY	
7-23	1600	Oakland							SC	3.75		0.00		3.75	
8-04	1200	Sac to Emeryville							SC	10.00		0.00		10.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
7.												0.00		0.00	
2												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
15												0.00		0.00	
(13)	20	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		13.75	0.00	0.00	0.00	13.75	
СО		CODE (ACCTG. USE ONLY)												#12.75	
ii.	30	CLAIM TOTAL												\$13.75	
(14) PU	RPOSE (OF TRIP, REMARKS AND DETAILS (Att	ach receipts/v	ouchers when	required)						AC	SENCY ACC		OFFICE	
	****			¥	¥							us	E ONLY		
7-23	- IHA Maati	Board of Director's Meetir ng with Brown & Toland F	ng - parku	ng - lost r	eceipt	aint					PAID E	Y REVOLVIN	G FUND CHE	CK NUMBER	
0-4 -	MCCH	ing with brown & rotation	ny sicians	- рагкиц	3, 110 100	cipt									
(15)	HERE	BY CERTIFY That the above is a true s nd if mileage rates exceed the minimum actions 0750, 0751, 0752, 0753 and 0754	tatement of th	e travel exper	nses incurred	by me in a he vehicle w	ccordance wi	th DPA rules or greater than	in the sei the rate	vice of the State claimed, and that	of Califon I have m	nia. If a priva et the require	tely owned ve ments as pres	ehicle was scribed by	
CLAIMA		Guons 0750, 0751, 0752, 0753 and 0754 GNATURE	herranning ro	DATE	anu sedi Del	150	IGNATURE C	F OFFICER A	APPROVI	NG TRAVEL AND) PAYMEI	NT DA	NTE .		
28.															
-	ECIAL EX	XPENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)							D/	ATE .		
A				~											